



# THE COMMONWEALTH OF MASSACHUSETTS

## Division of Insurance

One South Station

Boston, Massachusetts 02110-2208

### APPLICATION FOR INDIVIDUAL SURPLUS LINES BROKER LICENSE

**INSTRUCTIONS** -- In order for us to process your application you must:

- Answer every question accurately and completely. Incomplete applications will be returned.
- **Currently hold an Individual Property & Casualty Producer License**
- Sign and date the application
- Return this application with a check for \$150.00 made payable to the Division of Insurance.
- **Note: Fees are Non-Refundable.**

**Non-Residents:**

- Must currently hold a Non-Resident Individual Property & Casualty Producer License or currently hold a Surplus Lines Broker License in his/her home state.
- Licensure must be verifiable through the NAIC Producer Database (PDB) or a home state Letter of Certification must be dated within 90 days

**If you have any questions or need assistance, please contact Licensing at (617) 521-7794.**

The application form with your check should be mailed to:

Division of Insurance

**Producer Licensing Section**

One South Station

Boston, Massachusetts 02110 - 2208

*Any false statement in this application is punishable as perjury under Ch. 268 Mass. General Laws and may result in the revocation of your license(s).*

**Please Print or Type**

To the Commissioner of Insurance:

Application is hereby made for the renewal of the Individual Surplus Lines Broker License issued to:

1.	_____			
	Insert exact name as it appears on the license. <b>You may only solicit business in the name shown above. Trade names (DBA's) must be approved prior to their use.</b>			
2.	Social Security #:	_____	3.	Date of Birth: ____ / ____ / ____
4.	Home Address:	_____		
	Street	City	State	Zip
6.	Business Address:	_____		
	Street	City	State	Zip
8.	Lines of Insurance:	<input type="checkbox"/> Property & Casualty		
9.	Residence (last 5 Years):	_____		
	Street	City	State	Zip
10.	Occupation (last 5 Years):	_____		
	From ____ / ____ / ____ to ____ / ____ / ____	Duties or Title: _____		
	Employer's Name:	_____		
	Address:	_____		
	Street	City	State	Zip
11.	Do you engage in any business other than insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If YES, please describe (include amount of time spent):	_____		
	_____			
	_____			

12. Do you claim exemption from the license fee as a blind individual? ☐ Yes ☐ No  
If YES, please attach proof; if NO, please enclose a check for \$150.00 made payable to the DIVISION OF INSURANCE.
13. Has any insurance commissioner or department ever suspended, cancelled, or revoked any license issued to you as a producer or motor vehicle damage appraiser, or ever refused to issue or renew any such license, or have you ever surrendered any such license or has any insurance company cancelled any contract of employment or an appointment of, or a license to you as its producer for any reason, or has any other public official or court ever suspended, cancelled or revoked any license or authority of any kind issued to you to pursue any trade, calling, or profession or refused to issue or renew any such license or authority or discharged or removed you from any public office or position?  
☐ Yes ☐ No (If YES, attach complete details)
14. Have you ever filed a petition or have you been petitioned into bankruptcy or insolvency, or have you ever made any assignment for the benefit of, or any composition with your creditors, or have you ever been under guardianship or other legal disability?  
☐ Yes ☐ No (If YES, attach details)
15. Is any company or producer claiming that you are now indebted to them for overdue collected insurance premiums?  
☐ Yes ☐ No (If YES, attach details)
16. Are you a trustee, manager, director, officer or otherwise in charge, in whole or in part, of any property or interests of others who carry insurance?  
☐ Yes ☐ No (If YES, attach complete details)
17. Have you ever been convicted of, or arrested or prosecuted for, any crime or offense against the laws of this or any other state or country, or plead nolo contendere to any indictment or complaint for such crime or offense, or is there pending against you any indictment, complaint, or proceeding for a violation of such laws?  
☐ Yes ☐ No (If YES, attach details)
18. Have you ever changed your name through a court of law?  
☐ Yes ☐ No (If YES, attach details, i.e., court and date of change.)
19. Are you currently selling insurance over the Internet?  
☐ Yes ☐ No (If YES, provide URL address)
20. I have read and I am familiar with the insurance laws of Massachusetts respecting insurance and the duties and obligations of surplus lines brokers. I intend to act and hold myself out and carry on business in good faith as an insurance broker. I hereby certify that I have complied with all the laws of the Commonwealth relating to taxes. I understand that I must comply with the Commonwealth's Continuing Education Law. I hereby verify the foregoing answers and statements and declare that they were made under the penalties of perjury. At any time, if any of the above information changes, I will notify your office.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ YEAR  
\_\_\_\_\_, Applicant \_\_\_\_\_  
full signature print name

*Please Note: This application must be signed by the applicant personally. Your signature constitutes your understanding that you must comply with the Commonwealth's Continuing Education Law for insurance personnel, and that you have complied with all of the Commonwealth's laws regarding taxes.*